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42009 7590 06/20/2011

KEVIN D. MCCARTHY
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<i>Kevin D. McCarthy</i>	(Depositor's name)
<i>Kevin D. McCarthy</i>	(Signature)
September 6, 2011	
(Date)	

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/589,170	04/03/2007	Vards Shoshan-Bar-Matz	0-06-177	6054

TITLE OF INVENTION: PHOTOREACTIVE COMPOUND SPECIFICALLY BINDING TO CALCIUM BINDING PROTEINS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	09/30/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
GREGORIO, GUINEVER S	1732	423-410000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*Roach Brown McCarthy & Gruber P.C.**2. Kevin D. McCarthy*

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

*The National Institute for Biotechnology
in the Negev Ltd.**Beer Sheva, Israel*Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

 Issue Fee Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Electronically transmitted Advance Order - # of Copies _____ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(q)(2).

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Authorized Signature *Kevin D. McCarthy*
Typed or printed name *Kevin D. McCarthy*Date *9-6-2011*Registration No. *35,273*

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